Substitute for form 1449/PTO	C mplete if Known		
	Application Number	T	
INFORMATION DISCLOSURE	Filing Date		
	First Named Inventor	Jeff Audyli	
STATEMENT BY APPLICANT	Art Unit		
(Use as many sheets as necessary)	Examiner Name		
Sheet 1 of 1	Attorney Docket Number	LOA 504	

U. S. PATI Examiner   Cite   Document Number   Publication Da		Publication Date	Name of Patentee or	Pages, Columns, Lines, Where		
Initials*	Cite No.1	Document number	:MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant	
		Number-Kind Code <sup>2 (F known)</sup>			Figures Appear	
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		Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>5</sup> (# known)				
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